


|  |  |                            |  |  |  |  |  |
|--|--|----------------------------|--|--|--|--|--|
| a Control number                                   |  | OMB No. 1545-0008          |  | Safe, accurate,<br>FAST! Use                                    |  | Visit the IRS website<br>at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> . |  |
| b Employer identification number (EIN)             |  |                            |  | 1 Wages, tips, other compensation  |  | 2 Federal income tax withheld  |  |
| c Employer's name, address, and ZIP code           |  |                            |  | 3 Social security wages  |  | 4 Social security tax withheld   |  |
|  |  |                            |  | 5 Medicare wages and tips  |  | 6 Medicare tax withheld  |  |
|  |  |                            |  | 7 Social security tips   |  | 8 Allocated tips   |  |
| d Employee's social security number                |  |                            |  | 9 Advance EIC payment  |  | 10 Dependent care benefits   |  |
| e Employee's first name and initial      Last name |  |                            |  | 11 Nonqualified plans  |  | 12a See instructions for box 12  |  |
|  |  |                            |  | 13 Statutory employee      Retirement plan      Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b  |  |
|  |  |                            |  | 14 Other   |  | 12c  |  |
|  |  |                            |  |  |  | 12d  |  |
| f Employee's address and ZIP code                  |  |                            |  |  |  |  |  |
| 15 State      Employer's state ID number           |  | 16 State wages, tips, etc. |  | 17 State income tax  |  | 18 Local wages, tips, etc.   |  |
|  |  |                            |  |  |  | 19 Local income tax  |  |
|  |  |                            |  |  |  | 20 Locality name   |  |

Form **W-2** Wage and Tax  
Statement

2005

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.

Place label here or print

|  |  |  |          |
|--|--|--|----------|
| Your social security number<br>  |  | Spouse's social security number<br>  |          |
| Your legal last name   |  | Legal first name and middle initial  |          |
| If a joint return, spouse's legal last name  |  | Spouse's legal first name and middle initial   |          |
| Home address (number and street)   |  |  |          |
| City or post office  |  | State  | Zip code |
| <b>Filing status</b><br><input type="checkbox"/> Single<br><input type="checkbox"/> Married filing joint return (even if only one had income)<br><input type="checkbox"/> Head of household (with qualifying person).<br>Also, check here if married. <input type="checkbox"/> |  | <b>State election campaign fund</b><br>If you want \$1 to go to the State Election Campaign Fund, check box(es). <input type="checkbox"/> You <input type="checkbox"/> Your spouse<br>Checking the box(es) will not change your tax or refund.<br><b>Tax district</b><br>Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2005.<br><input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town<br>Fill in name <input type="text"/><br><b>County of</b> <input type="text"/><br><b>School district</b> Fill in your school district number (see page 24) <input type="text"/> |          |

ENCLOSE withholding statements

PAPER CLIP payment here

|    |   |     |     |
|----|---|-----|-----|
| 1  | Wages, salaries, tips, etc. (see page 4)  | 1   | .00 |
| 2  | Interest (see page 5)   | 2   | .00 |
| 3  | Ordinary dividends (from line 9a of federal Form 1040A or 1040)   | 3   | .00 |
| 4  | Capital gain distributions (see page 5)   | 4   | .00 |
| 5  | Unemployment compensation (from worksheet, page 5)  | 5   | .00 |
| 6  | Taxable IRA distributions, pensions and annuities, and social security benefits (see page 6)  | 6   | .00 |
| 7  | Add lines 1 through 6   | 7   | .00 |
| 8  | Educator expenses (see page 7)  | 8   | .00 |
| 9  | IRA deduction (see page 7)  | 9   | .00 |
| 10 | Student loan interest deduction   | 10  | .00 |
| 11 | Add lines 8, 9, and 10  | 11  | .00 |
| 12 | Subtract line 11 from line 7. This is your Wisconsin income   | 12  | .00 |
| 13 | If your parent (or someone else) can claim you (or your spouse) as a dependent, check here <input type="checkbox"/>   | 13  |     |
| 14 | Fill in the <b>standard deduction</b> for your filing status from table, page 16. <b>But</b> if you checked the box on line 13, fill in amount from worksheet, page 7 | 14  | .00 |
| 15 | Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0   | 15  | .00 |
| 16 | Deduction for exemptions (from line 6 of Exemption Worksheet, page 7)   | 16a | .00 |
|    | b Fill in number of dependents (do not count yourself or your spouse) <input type="text"/> You <input type="checkbox"/> Spouse <input type="checkbox"/>               |     |     |
|    | c If you (or your spouse if filing joint) were <b>age 65 or over</b> , check here <input type="checkbox"/>  |     |     |
| 17 | Subtract line 16a from line 15. If line 16a is larger than line 15, fill in 0. This is your taxable income  | 17  | .00 |
| 18 | Tax. Use amount on line 17 to find your tax using table, page 17  | 18  | .00 |
| 19 | Armed forces member credit (must be stationed outside U.S., see page 8)   | 19  | .00 |
| 20 | School property tax credit  |     |     |
|    | a Rent paid in 2005—heat included .00   |     |     |
|    | Rent paid in 2005—heat not included .00   |     |     |
|    | b Property taxes paid on home in 2005 .00   |     |     |
| 21 | Working families tax credit, see page 10  | 21  | .00 |
| 22 | Married couple credit. Complete schedule on reverse side  | 22  | .00 |
| 23 | Add lines 19 through 22. This is the total of your credits  | 23  | .00 |
| 24 | Subtract line 23 from line 18. If line 23 is larger than line 18, fill in 0. This is your net tax   | 24  | .00 |

|           |   |           |     |
|-----------|---|-----------|-----|
| <b>25</b> | Fill in net tax from line 24 .....  | <b>25</b> | .00 |
| <b>26</b> | Sales and use tax due on out-of-state purchases (see page 11) .....   | <b>26</b> | .00 |
| <b>27</b> | Endangered resources donation (decreases refund or increases amount owed) .....                             | <b>27</b> | .00 |
| <b>28</b> | Packers football stadium donation (decreases refund or increases amount owed) .....                         | <b>28</b> | .00 |
| <b>29</b> | Breast cancer research donation (decreases refund or increases amount owed) .....                           | <b>29</b> | .00 |
| <b>30</b> | Veterans trust fund donation (decreases refund or increases amount owed) .....                              | <b>30</b> | .00 |
| <b>31</b> | Add lines 25 through 30 .....   | <b>31</b> | .00 |
| <b>32</b> | Wisconsin income tax withheld. Enclose withholding statements ...   | <b>32</b> | .00 |
| <b>33</b> | 2005 estimated tax payments and amount applied from 2004 return .   | <b>33</b> | .00 |
| <b>34</b> | Earned income credit (see page 12)<br>Qualifying Federal<br>children ▶ credit . . . . .0.00 x . . . % = . . | <b>34</b> | .00 |
| <b>35</b> | Homestead credit. Attach Schedule H or H-EZ .....   | <b>35</b> | .00 |
| <b>36</b> | Eligible veterans and surviving spouses property tax credit .....   | <b>36</b> | .00 |
| <b>37</b> | Add lines 32 through 36 .....   | <b>37</b> | .00 |
| <b>38</b> | If line 37 is more than line 31, subtract line 31 from line 37. This is the <b>AMOUNT YOU OVERPAID</b>      | <b>38</b> | .00 |
| <b>39</b> | Amount of line 38 you want <b>REFUNDED TO YOU</b> .....   | <b>39</b> | .00 |
| <b>40</b> | Amount of line 38 you want <b>applied to your 2006 estimated tax</b> . . .                                  | <b>40</b> | .00 |
| <b>41</b> | If line 37 is less than line 31, subtract line 37 from line 31. This is the <b>AMOUNT YOU OWE</b> . .       | <b>41</b> | .00 |
| <b>42</b> | Underpayment interest. Also include on line 41 .....  | <b>42</b> | .00 |

**Sign below** Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

|                      |  |            |
|----------------------|--|------------|
| Your signature _____ | Spouse's signature (if filing jointly, BOTH must sign) _____ | Date _____ |
|----------------------|--|------------|

**Mail your return to:** Wisconsin Department of Revenue  
*If tax due* ..... PO Box 268, Madison WI 53790-0001  
*If homestead credit claimed* .... PO Box 34, Madison WI 53786-0001  
*If refund or no tax due* ..... PO Box 59, Madison WI 53785-0001

*For Department Use Only*

|   |   |    |   |     |   |   |   |   |  |  |  |
|---|---|----|---|-----|---|---|---|---|--|--|--|
| R | M | Y  | T | MAN | D | A | P | C |  |  |  |
|   |   | 05 |   |     |   |   |   |   |  |  |  |

## Married Couple Credit When Both Spouses Are Employed

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

|   |          | (A) YOURSELF                          | (B) YOUR SPOUSE |
|---|----------|---------------------------------------|-----------------|
| <b>1</b> Wages, salaries, tips, and other employee compensation from line 1 of Form 1A. Do not include deferred compensation or scholarships and fellowships that are not reported on a W-2 ..... | <b>1</b> | .00                                   | .00             |
| <b>2</b> IRA deduction, if any, from line 9 of Form 1A .....  | <b>2</b> | .00                                   | .00             |
| <b>3</b> Subtract line 2 from line 1 .....  | <b>3</b> | .00                                   | .00             |
| <b>4</b> Compare amounts in columns (A) and (B) of line 3. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 . . .   | <b>4</b> |                                       | .00             |
| <b>5</b> Rate of credit is .03 (3%) .....   | <b>5</b> |                                       | x <b>.03</b>    |
| <b>6</b> Multiply line 4 by line 5. Round the result and fill in here and on line 22 on reverse side .....  | <b>6</b> | <b>Do not fill in more than \$480</b> | .00             |



# 2005 Wisconsin Form EIC-A

**Earned Income Credit**  
Information for up to three qualifying children

## Instructions

Complete the information for each qualifying child for the Wisconsin Earned Income Credit. If you have more than three qualifying children, you only have to list three to get the maximum credit.

| Qualifying Child Information   | Child 1  | Child 2  | Child 3  |
|--|--|--|--|
|  | First                      Last  | First                      Last  | First                      Last  |
| <b>1 Child's name</b>  |  |  |  |
| <b>2 Child's social security number</b>  | ____ - ____ - _____  | ____ - ____ - _____  | ____ - ____ - _____  |
| <b>3 Child's relationship to you</b><br>(check one)  | <input type="checkbox"/> Son or Daughter<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Foster Child<br><input type="checkbox"/> Other (explain relationship)<br>_____ | <input type="checkbox"/> Son or Daughter<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Foster Child<br><input type="checkbox"/> Other (explain relationship)<br>_____ | <input type="checkbox"/> Son or Daughter<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Foster Child<br><input type="checkbox"/> Other (explain relationship)<br>_____ |
| <b>4 Number of months child lived with you in 2005</b><br><br>NOTE: If the child lived with you for more than half of 2005, but less than 7 months, enter "7". If the child was born or died in 2005, and your home was the child's for the entire time he or she was alive during 2005, enter "12". | ____   | ____   | ____   |
| <b>5 Child's year of birth</b>   | ____   | ____   | ____   |
| <b>6 If the child was born before 1987 –</b>   |  |  |  |
| <b>a</b> Was the child under age 24 at the end of 2005 and a full time student?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>b</b> Was the child permanently and totally disabled during any part of 2005?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |